

**Maryland's Residential Rate Setting Reform Forum**  
**Hosted by the Rates Reform Stakeholders Workgroup**  
**July 16, 2014**  
**July 23, 2014**

**Minutes**

The Residential Rate Setting Reform Workgroup held two forums, July 16, and July 23, 2014 to provide an update and overview of Maryland's rate setting reform and to gather input from providers. The meeting was open to all providers statewide. For a list of attendees, please see Appendix A

The overview provided included a Power Point presentation. Highlights of the Power Point:

The purpose of the Committee was to evaluate the current rate setting system and determine if changes were warranted. The Committee recommended that a new rate structure be developed. For more details, please refer to the Power Point Presentation.

The attendees were asked a series of questions to gather and inform the committee of future information needed. The questions:

**Model Questions**

1. What did you hear that you don't know already?
2. What are the potential opportunities and benefits of the new model?
3. What do you like most about this option?
4. What potential problems or challenges jump out at you?

**Program/Service Components**

5. Based on the changing needs of the children served by your agency, what are the services you would like to provide but are unable to do so?
6. Also, are there currently any services that you are required to provide that you would drop?
7. Are you utilizing CANS for data informed decisions?
  - a. If so, how do you relate the CANS data to program and treatment services?
  - b. If not, what tools do you use to develop your program and treatment services?

**Administrative components:**

*We are planning to have a base rate as a part of the new model.*

8. Based on your experience with your program and the development of your budget what are the key elements of the administrative costs that are essential in developing the structure of the base rate?

**Performance-based outcomes**

*We are planning to embark on a journey to develop recommendations for a performance based rate setting system.*

9. What are your suggestions for outcomes for:
  - a. Youth served
  - b. Family

- c. Residential, out-of-home placement providers
  - d. Placing Agency
10. As a provider, what do you need from the placement agency to improve the outcomes you provide to youth in your program?

The Results:

### Model Questions

1. What did you hear that you don't know already?
  - That we are moving from a bundle to "a la carte"
  - That we are moving (long-term) toward outcome-based
  - Nothing new
  - Everything
  - That it had already been to the children's cabinet and a choice had been made.
  - IRC to remain neutral
2. What are the potential opportunities and benefits of the new model?
  - Process/Model
    - Flexibility (2 comments)
    - Reassess process, ability to update ability to look at programs that are doing well, ability to reward, recognize (4 comments)
    - Model being determined by group, instead of being fragmented
    - Move in right direction
  - Services
    - More children will get specific services they need (5 comments)
    - Give more opportunity to provide unique services and get paid for it
    - More relevant to individual provider and children
  - Budget
    - Potential to expand services that are Medicaid reimbursable (2 comments)
    - Unbundled may assist with reimbursement for costs that have gone up (COLA, etc.)
    - Get more creative with external funding sources
    - Innovation and funding it!
    - That substance abuse tax will be built into the billable rate.
    - Allow providers to restructure their budgets, and to make the budget realistic
3. What do you like most about this option?
  - Streamline budget process
    - The ability to discuss real costs (2 comments)
    - The unbundling of it
  - Merging of flexibility with focus on outcomes (2 comments)
  - Engaging different stakeholders, learning from other states
  - More user friendly on behalf of youth

4. What potential problems or challenges jump out at you?
  - Medicaid
    - Additional cost for staff to deal with billing (potential) Potentially impact the services programs offer due to ability to reimburse for services; can state fill potential gaps? (2 comments)
    - Medicaid reimbursement to providers-how will it work?
    - How will rapid changes to Medicaid impact this new model? (rates and services can change rapidly and annually)
    - What will Medicaid role be?
  - Budget/Administrative
    - How would budget modifications work in a multiyear process?
    - Speaking the same language payment for after care sessions (2 comments)
    - Will be useless if not fully funded
    - Program may not have data system to track or information from prior programs(s) (2 comments)
    - Different definitions of administrative overhead (could Element III workgroup define?)
    - Risk to providers when based on providers
    - Changing the mind set
  - Outcomes
    - Developing outcomes that can be measured and are realistic (3 comments)
    - Outcomes will be different for different models/levels of services
    - May be too focused on performance based outcomes
    - Providers may not have staff with right skill sets:
    - Massive undertaking
    - Change of administration could stall, stop, derail the work
    - Need pilot, allowing for tweaks
  - Services
    - Will there be flexibility of adding or decreasing services?
    - Standardization vs. individual traits of program
    - Who determines service levels (universal assessment tool)?
    - Potentially unforgiving – should not penalize providers when kids leave early or are sent to another provider – or when provider takes in child to be flexible (grace period should be built in)
    - Unbundling could incentivize outsourcing services and eliminate advantage of providing services in-house
    - How to individualize this to program
    - Limitations of services based on geographic location of program
5. Based on the changing needs of the children served by your agency, what are the services you would like to provide but are unable to do so?
  - Use of technology for family therapy, planning, etc. figuring out funding during the transitional period; specifically developmental disabilities and medical fragile
  - Bridging gaps in services during transition home or step down residential program (resources)
    - Should be a standardized number of visits in step down
  - Broader spectrum of services for families

- Onsite mental health (impossible to find child/adolescent psychiatrist)
- Add primary care and dentists
- Ability to provide intensive crisis wraparound services for any period of time
  - 1:1 intervention
  - Same-day psychiatric consultation
  - Temporary respite/crisis beds
  - Transportation (to medical appointments)
  - MATCH PROGRAM
  - Mentoring
- Education
  - 1:1 tutoring
  - Onsite certified teacher
  - Athletic program
  - Vocational programs
  - Dual enrollment in (online) higher education
- Older youth
  - Driver's license; state ID (2 comments)
  - Moving older youth into their new place (we provide truck and labor) but no funding
    - Furniture vouchers (cut to \$300 not enough)
  - Serving emancipated youth
  - After care
  - Transitional planning coincide with youth's abilities vs. age
  - What happens when youth leaves (length of stay) after care/funding/wrap around standardized aftercare as component for program
  - After care services
- Family support-in-home supports
- Flexible funding opportunities
- Collaboration/planning to meet kids needs (2 comments)
- Provide more intensive trauma based service
- Substance Abuse Services
- Transportation for parents for family sessions, etc. (2 comments)
- Therapeutic crisis support for biological & foster parents
- Video conferencing for family sessions
- Recreation special activities that build child's strengths
- Staffing for emergency or enhanced treatment
- Healthy food required costs much more
- Special dietary needs (gluten free) eats up budget
- Staff development
- Enhanced resources for the families
- Safety equipment for staff

6. Also, are there currently any services that you are required to provide that you would drop?

None (5 comments)

"I want to add, not take away!"

- Working with birth family and getting aid of the barriers that all cws you to access the family

- More money for training/advanced training
- In-home pre-discharge planning from after care
- Mental health teams in the local schools
- More prevention services

7. Are you utilizing CANS for data informed decisions?

- Yes to comply with requirements (2 comments)
- No to using the data for program planning (2 comments)
- Too generic, needs to be better developed

a. If so, how do you relate the CANS data to program and treatment services?

- To develop treatment plans (3 comments)
- Quality Assurance person does a trends report
- Has driven some program decision making

b. If not, what tools do you use to develop your program and treatment services?

- TABE testing
- Analysis of software reports to set program outcomes
- Youth satisfaction surveys
- Drug and alcohol assessments
- Ohio scales
- Seven challenges
- Casey (for Independent Living Programs) (2 Comments)
- Mental health evaluations
- Department of Social Services recommendation
- Treatment plan developed out of family meeting
- Multidisciplinary team meetings
- Kidnet 1 APP (parenting)
- Psychosocial, psychiatric evaluations
- Own internal measures
- Monitor outcomes on quarterly basis
- Use tools developed by the RTC coalition
- Recommend that State generates standardized data so providers are all looking at same data on kids
- Do surveys of clients/family (bio family referral agency build)
- Results Based Accountability
- Root cause analysis (for incidents); made modifications if needed
- Internal discussions of program
- DDA-National core indicators

We are planning to have a base rate as a part of the new model.

8. Based on your experience with your program and the development of your budget what are the key elements of the administrative costs that are essential in developing the structure of the base rate?

- Equipment / Facilities
  - Rent/Lease/Mortgage (2 comments)
  - Depreciation cost
  - Insurance Costs
  - Property costs, taxes
  - Capital projects
  - Repairs, facility costs
  - Utilities
  - IT /supplies/equipment
  - Inspections – fire, sanitation
- Corporate costs (depending on organization)
- Staff / Human Resources Costs
  - Salaries/ payroll
  - Non-direct staff
  - Insurance/Benefits
  - Quality of staff
  - Background checks/driving record
  - Cost associated with increased reporting requirements
  - CPA /audit
  - Legal
  - Contractual Costs
  - Training/training materials/ certifications
- Minority Business Enterprise
- Accreditation
- Changes in regulations and the “real cost” to implement
- Services
  - All cost categories to run a program
  - Costs are unique to licensed programs
- Transportation
- Profit margin
- Marketing
- Postage

#### Performance-based outcomes

We are planning to embark on a journey to develop recommendations for a performance based rate setting system.

9. What are your suggestions for outcomes for:
  - Strength based, skill based assessments for youth and families
    - a. Youth served
      - Completion of education or appropriate plan unique to child’s skill set
      - Education/vocation
      - Engagement in treatment
      - Employment readiness skills
      - Ready by 21 marker, step down/appropriate level of care
      - Outcomes based on the type of program provided and age
      - Safety, permanency/stability/well-being

- academic/educational/vocational
    - emotional stability independence well-being-health financial well-being
  - Individualized % goals met within timeframe
  - Parameters across all providers placing agency/provider checks & balances
  - Outcomes should depend on type of program
  - Length of stay/completion rate
  - Maintaining a level of functioning according to treatment plans
  - Using a measurement tool, i.e. CANS CANS-F, to see a reduction in all domains
  - Using an appropriate measurement tool for all population i.e. Developmental Disabilities
- b. Family
- Number of sessions, successful home visits (define)
  - Step down to family (aftercare plan)
    - Reasonable efforts (i.e., did you set up appointment, did you establish relationship with job readiness site?)
    - Prevent homelessness for children aging out of the system
    - To have competent staff
    - To produce the desired outcomes for the children served
    - To be financially solvent
    - Participation in service plan doc. Of effort – families need to be educated; depends on program permanency related goal ongoing participation
    - Holding accountable for participation may miss the point. There are valid reasons why families don't participate
  - Family connectedness (writing letters, phone calls)
    - Or connectedness with a caring adult (not necessarily relative)
    - Community connection (church, activities)
    - Establish goals based on family situation
    - Same as above, common instrument for all programs
    - Reduce recidivism/return to care
    - Engagement of families
    - Assessment of families-different bucket of money to follow family length of stay to match child's needs
    - Long term vs. short term
- c. Residential, out-of-home placement providers
- Safety, CPS clearances,
  - Maintaining staff
    - Ensuring staff is properly trained/certified
  - Condition of physical plant; flexibility on taking high risk kids (incentivize)
  - Successful completion of program
    - Holding providers to outcome-based may result in discharging youth who have/may have poor outcomes
  - Stability
  - Safety, permanency, well-being
  - An array of providers to meet the needs of children served
  - Successful outcomes for children
  - Planned

- Sustainability
- Program completion
- Movement to a lower level of care
- d. Placing Agency
  - Aftercare support
  - Appropriate referrals;
  - Quality assurance
  - Clearly state program requirements
  - Quality programming
  - Compliance with COMAR
  - Follow up/aftercare
  - Collaborative discharge planning

#### Performance-based outcomes

10. As a provider, what do you need from the placement agency to improve the outcomes you provide to youth in your program?

- Consistency
- Referrals are appropriate – full disclosure
  - Better coordination between provider and placing agency
  - Focus on child's individual needs and refer to appropriate providers
  - Make referral based on assessment, not on global mandates
- Active participation from placement agency
  - More support – treatment planning
  - After care support
- Placing agency and providers should be equally accountable for outcomes
  - Accountability on youth/families
- Placement agencies- provide 24 hour case management services/contacts
- Consider financial impact to program
  - Rate needs to be equal to the services provided
- Technical assistance/monitoring
- Appropriate resources
- Assistance to capturing and accessing to data
  - Recognize that high risk youth may require different outcomes
- Partnership working through challenges
- Set realistic outcomes and clear expectations
- Good communication
- Agreement on outcomes, goals, etc. between staff (provider and placement agency) to get to a successful discharge and aftercare



## APPENDIX A

Attendees July 16, 2014  
Rice Auditorium  
Spring Grove Hospital Center  
55 Wade Avenue  
Catonsville, MD 21228

Last Name	First Name	Organization
Ariaza	Patricia	GOC
Blake	Angela	VisionQuest
Brown	Carmen	MSDE
Brown	David	Good Shepherd
Church	Christina	GOC
Clement	Paul	Hearts and Homes for Youth
Crowder	Shanda	Department of Human Resources
DeMartino	Mary Beth	Pressley Ridge
Dingle	Zachery	Jumoke, Inc.
Goodhart	Ian Goodhart	GOC
Ham	Darlene	DHR/OLM
Hertges	Ralph	Brook Lane
Howe	Steve	The Children's Guild
Hoyle	William	DJS
Jones	Caroline	Behavioral Health Administration
Kinion	Jeannette	Department of Juvenile Services
Liggett-Creel	Stephen	Hearts and Homes for Youth
Maples	Judy	Building Families for Children
McNeil	Walter	Challengers Independent Living
Mitchell	Laura	DHR
Mittelman	Mark	New Pathways
Ramelmeier	Debbie	Department of Human Resources
Rowe	Dawn	Department of Juvenile Services
Smith	Pat	VisionQuest
Sterling-Garrett	Ertha	MD Dept. of Juvenile Services
Stokes-Kearney	Paula	MSDE
Strohmingner	Nancy M	New Pathways, Inc.
thomas	Tennille	DHR
White	Carnitra	Department of Human Resources
Wilkins	Anita	DHR
Wisner	Lynn	DHR

Attendees July 23, 2014  
Location: Department of Housing and Community Development  
100 Community Place  
Crownsville, MD

<b>Last Name</b>	<b>First Name</b>	<b>Company</b>
Adejoh	Myrna	Department of Juvenile Services
Apsley	Jennifer	The Benedictine School
Altfather	Jack	DHR/SSA
Anderson	Bruce	San Mar
Ariaza	Patricia	GOC
Baker	Angelia	Foundations for Home & Community
Church	Christina	GOC
Donovan	Doug	Baltimore Sun
Fitzgerald	Tom	Woodbourne Center
Hayes	Debra	KidsPeace
Higdon	Elizabeth	Children's Choice
Jones	Caroline	Mental Hygiene Administration
Jones	Michael	Family Services, Inc.
Kinion	Jeannette	Maryland Department of Juvenile Services
Knebel	Carrie	CONCERN
Lyons	Danielle	DDA
Norman	Sonya	Department of Juvenile Services
Olaside	Janet	Martin Pollak Project, Inc.
Patterson	Edel	Department of Juvenile Services
Ramelmeier	Debbie	Department of Human Resources
Reid	Nichelle	The Childrens Home
Sakyi	Andrea	progressive life center, inc
Scott	Sark	Governor's Office for Children
Spagnola	Laurie Anne	Board of Child Care
Spencer	Shane	MD Dept of Budget and Management
Vozzella-Bell	Laurie	Catholic Charities
Welsh	Jane	Kent Youth, Inc.
White	Deena	Department of Juvenile Services
Zollinger	Joy	Community Solutions